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September 29, 2004

TO: Examiner Sisson (TC1600)

**GROUP: 1634** 

FAX NUMBER: 703-872-9307

**ATTORNEY DOCKET NO.: GCI-0017** 

SERIAL NO.: 09/973,850

FILED; October 10, 2001

NUMBER OF PAGES: 7

MESSAGE: Attached please find Amendment Transmittal Letter; Reply to the Office Action mailed July 1, 2004; and Certificate of Transmission by Facsimile.

Kathleen A. Tyrrell, Registration No. 38,350

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	CERTIFICATE OF T	TRANSMISSION BY FAC	CSIMILE (37 CFR 1.8)	Docket No. GCI-0017
RECEIVED CENTRAL FAX CENTER  SEP 2 9 2004  Reply under 37 CFR 1.116  (Identify type of correspondence) s being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9307  September 27, 2004  (Date)  Kathleen A. Tyrrell  (Typed or Printed Name of Person Signing Certificate)  MANN A. (Signature)	Application No.	Filing Date	i	Group Art Unit 1634
SEP 2 9 2004  Thereby certify that this   Reply under 37 CFR 1.116  (Identify type of correspondence)  s being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9307  September 27, 2004  (Date)  Kathleen A. Tyrrell  (Typed or Printed Name of Person Signing Certificate)  Matheway M. (Signature)	vention: Method for Id	dentifying Increased Risk of D	eath from Community Acquired	Pneumonia
hereby certify that this  Reply under 37 CFR 1.116  (Identify type of correspondence)  being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9307  n September 27, 2004  (Date)  Kathleen A. Tyrrell  (Typed or Printed Name of Person Signing Certificate)  Mathum A. (Signature)		·		
being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 703-872-9307  September 27, 2004  (Date)  Kathleen A. Tyrrell  (Typed or Printed Name of Person Signing Certificate)  (Signature)				SEP 2 9 2004
September 27, 2004  (Date)  Kathleen A. Tyrrell  (Typed or Printed Name of Person Signing Certificate)  (Signature)	hereby certify that this		Reply under 37 CFR 1,116	
(Date)  Kathleen A. Tyrrell  (Typed or Printed Name of Person Signing Certificate)  MHULL A. (Signature)		nitted to the United States Pat	(Identify type of correspondence) ent and Trademark Office (Fax.	No. 703-872-9307
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John H. Jumes J. W. J. (Signatures)			Kathleen A	. Tyrrell erson Signing Certificate)
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Application No. Filing Date October 10, 2001 Sissen, Bradley L. 26259 Group Art Unit 1634 Continuation No. 7130  Invention: Method for Identifying Increased Risk of Death from Community Acquired Pneumonia    COMMISSIONER FOR PATENTS: COMMISSIONER FOR PATENTS: SEP 2 9 2004	AMENDMENT TRANSMITTAL LETTER (Small Entity) Applicant(s): Wunderink and Waterer						Docket No. GCI-0017			
COMMISSIONER FOR PATENTS:  Transmitted herewith is an amendment in the above-identified application.  Applicant claims small entity status. See 37 CFR 1.27  The fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED  CLAIMS REMAINING AFTER AMENDMENT FREV. PAID FOR CLAIMS PRESENT AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT FEE  TOTAL CLAIMS 1 20 " 0 X \$9.00 \$0.00  NUTURED, CLAIMS 1 3 " 0 X \$39.00 \$0.00  Multiple Dependent Claims (check if applicable)	* *	_						Confirmation No. 7130		
Transmitted herewith is an amendment in the above-identified application.    Applicant claims small entity status. See 37 CFR 1.27    The fee has been calculated and is transmitted as shown below.    CLAIMS AS AMENDED	invention: Method for Identifying Increased Risk of Death from Community Acquired Pneumonia									
Applicant claims small entity status. See 37 CFR 1.27  The fee has been calculated and is transmitted as shown below.  CLAIMS AS AMENDED  CLAIMS REMAINING HICHEST # NUMBER EXTRA RATE FEE  TOTAL CLAIMS 1 20 = 0 x \$9.00 \$0.00  INDEP. CLAIMS 1 3 = 0 x \$39.00 \$0.00  Multiple Dependent Claims (check if applicable) □ \$0.00  Multiple Dependent Claims (check if applicable) □ \$0.00  No additional fee is required for amendment.  Please charge Deposit Account No. In the amount of Acheck in the amount of to cover the filing fee is enclosed.  The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619  Any patent application processing fees under 37 C.F.R. 1.16.  Any patent application processing fees under 37 C.F.R. 1.16.  WARNING: Information on this form may become public, Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  WARNING: Information on this form may become public, Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  Licata & Tyrrell P.C.  66 E. Main Street  Mariton, NJ 98053  T.: 856-810-1515  Fax: 856-810-1454				application. GENTRAL FAX CENTER						
CLAIMS REMAINING AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT  TOTAL CLAIMS  1 20 = 0 x \$9.00 \$0.00  INDEP. CLAIMS 1 3 = 0 x \$39.00 \$0.00  Multiple Dependent Claims (check if applicable)  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT  No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filing fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 Any additional filing fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038.  Dated: September 27, 2004  Kathleen A. Tyrrell, Reg. No. 38,350  Licata & Tyrrell P.C. 66 E. Main Street Mariton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1515 Fax: 856-810-1454				ж Ж		<u>, , , , , , , , , , , , , , , , , , , </u>				
AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT RATE FEE  TOTAL CLAIMS 1 20 = 0 x \$9.00 \$0.00  INDEP. CLAIMS 1 3 = 0 x \$39.00 \$0.00  Multiple Dependent Claims (check if applicable)			ÇLAIMS AS AM	ENDE	)					
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INDEP. CLAIMS  1  3 = 0 x \$39.00 \$0.00  Multiple Dependent Claims (check if applicable) □ \$0.00  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT \$0.00  No additional fee is required for amendment. □ Please charge Deposit Account No. In the amount of □ A check in the amou	TOTAL CLAIMS			CLAIMS		v \$9.0	10			
Multiple Dependent Claims (check if applicable)  TOTAL ADDITIONAL FEE FOR THIS AMENDMENT  No additional fee is required for amendment.  Please charge Deposit Account No. in the amount of  A check in the amount of to cover the filling fee is enclosed.  The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619  Any additional filling fees required under 37 C.F.R. 1.16.  Any patent application processing fees under 37 CFR 1.17.  Payment by credit card. Form PTO-2038 is attached.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  Dated: September 27, 2004  Kathleen A. Tyrrell P.C.  66 E. Main Street  Marlton, NJ 08053  Tel: 856-810-1515  Fax: 856-810-1454										
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□ Please charge Deposit Account No. in the amount of □ A check in the amount of to cover the filing fee is enclosed. □ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 □ Any additional filing fees required under 37 C.F.R. 1.16. □ Any patent application processing fees under 37 CFR 1.17. □ Payment by credit card. Form PTO-2038 is attached.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  □ Additional filing fees required under 37 C.F.R. 1.16. □ Any patent application processing fees under 37 C.F.R. 1.17. □ Payment by credit card. Form PTO-2038 is attached.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  □ Dated: September 27, 2004  □ Certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on (Date)  □ Certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on (Date)	Middle Dopolidatic Statistic Control in application									
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RESPONSE UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 1634

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.:

GCI-0017

Inventors:

Wunderink and Waterer

Serial No.:

09/973,850

Filing Date:

October 10, 2001

Examiner:

Sisson, Bradley L.

Group Art Unit:

1634

Title:

Method for Identifying Increased Risk of Death from Community Acquired Pneumonia

#### Certificate of Facsimile Transmission

I hereby certify that this document is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

On September 29, 2004

Kathleen A. Tyrrell, Registration No. 38,350

Mail Stop, Commissioner for Patents .

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

### REPLY UNDER 37 C.F.R. § 1.116

This is a reply to the Office Action mailed July 1, 2004 setting a three (3) month statutory period for response. Please enter the following remarks into the record.

Remarks begin on page 2 of this paper.

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